



FLORIDA DEPARTMENT OF HEALTH  
OFFICE OF INSPECTOR GENERAL

ENVIRONMENTAL HEALTH FEES IN THE  
HEALTH MANAGEMENT SYSTEM

Report # A-1718DOH-004 • June 28, 2018

**Purpose of this project:**

Department of Health's (Department, DOH) *Environmental Health Database* (EHD) is the mandated statewide system to be used by county health departments (CHD) for all information related to environmental health (EH) programs, including related fees.

Some EH fees were identified in the Department's *Health Management System* (HMS), including one-time encounters. We wanted to determine whether such fees were:

- Accurately collected and recorded in HMS by CHD staff;
- Reconciled, deposited, and recorded in the Florida Accounting Information Resource (FLAIR); and
- Reflected in EHD.

We also wanted to determine the reason CHDs continue to use HMS for EH transactions.

**What we examined:**

We reviewed transactions processed in HMS from January 1, 2017 through June 30, 2017 that were coded as EH fees.

**Summary of Results:**

We determined EH fees were accurately reconciled, deposited, and recorded in FLAIR.

We found that some transactions coded in HMS as EH fees were in fact for medical and other documentation requests. These transactions were inaccurately coded by CHD staff. We discuss this as a Management Comment in a separate document we provided to management.

We also identified the following issues that management should address:

- Six CHDs were using HMS to document the collection of EH fees. EHD and HMS in these CHDs did not always reconcile.
- EH customers' receipts did not always include required information.
- Users were granted inappropriate access and abilities in HMS.
- Refunds were issued to an entity not documented as the original payer.

Additional details follow below. Management's response is in **Appendix A**.

## BACKGROUND

The Bureau of Environmental Health (Bureau) supports EH programs that reduce the risk of disease or injury of environmental origin, as authorized in Section 381.006, *Florida Statutes* (F.S.). These programs include, but are not limited to, food service, water quality, body art, and onsite sewage disposal.

EH services are provided to the public through the CHDs. The Bureau's support includes providing technical assistance, policy guidance, evaluation tools, and coordination for statewide initiatives to CHDs.

The Bureau maintains EHD to ensure EH program information is collected, and mandates its use statewide for all EH services to track, monitor, and analyze data. EHD provides the Department with real-time data reporting, while also offering the public and other state agencies access to statewide EH data.

## DETAILED RESULTS AND RECOMMENDATIONS

Our audit identified the following opportunities for improving effectiveness and efficiencies in operations:

### **1. CHDs used HMS to document the collection and receipt of EH fees.**

The Department in six counties (Calhoun, Collier, Holmes, Liberty, Leon, and Washington) used HMS for the collection and receipt of EH services fees, while using EHD for recording the permits, inspections, and water samples.

- Management in four counties (Calhoun, Holmes, Liberty, and Washington) with few staff cited not always having an EH staff person in the EH office as the reason for using HMS. These counties either share EH staff with another county, or have only one EH staff who is responsible for conducting inspections in the field. Centrally-located cashiers were assigned to collect receipts for all services, including EH and health services. The cashiers did not have access to, and were not trained to use EHD. They therefore processed EH fees in HMS.
- While DOH-Collier uses EHD at its Naples office, management instructed cashier staff at the Immokalee office to use HMS as an attempt to segregate duties.
- DOH-Leon used HMS for the collection and receipt of EH fees until May 1, 2017, when it began using EHD.
- These CHDs used different methods to reconcile the EH fees collected between HMS and EHD.

In the counties that used HMS to record EH fees, HMS and EHD did not always reconcile. We compared HMS and EHD reports and identified 12 instances where the EH program coded in EHD did not match the program coded in HMS. For example, a permit coded to Mobile Home Parks in EHD would be coded to Limited Use Public Water Systems in HMS.

Using HMS resulted in the duplication of efforts to document any single transaction. This duplication also increased the risk of errors, including the improper collection and/or distribution of EH fees. Duplicating this process also increases the risk of fraud, as previously investigated and substantiated by the Office of Inspector General (OIG). These risks can be reduced by using only EHD for all EH transactions.

***We recommend the Office of County Health Systems ensure the Department in all counties singularly use EHD for EH services, fees, and receipts.***

***We recommend the Bureau of Environmental Health provide EHD training to cashiers responsible for collecting EH service fees and the cashier be granted access to record these fees in EHD.***

## 2. EH customers' receipts did not always include required information.

- Internal Operating Procedures (IOP) 56-66-17, *Accounts Receivable*, requires CHDs to issue the client a receipt from applicable Department systems (HMS, EHD) on the date of services or on the date payment is collected, whichever comes first. Receipts are to include the client's name, CHD, service type, date of service delivery, total cost of services including amount due and paid, and an identifier of the CHD staff who generated and issued the receipt.
- The Department in four counties (Collier, Holmes, Liberty, and Washington) included some, but not all the above required information on a select number of client receipts from HMS for EH transactions. This would not be an issue when properly using EHD rather than HMS for EH.
- Proof of payment and other documentation needed to verify EH services transactions cannot be easily identified when the receipt does not document the client's name and other specific details of the services provided.

**We recommend the Office of County Health Systems ensure the Department in all counties prepare receipts in accordance with IOP 56-66-17, Accounts Receivable. Additionally, we recommend unannounced periodic reviews of receipts to ensure compliance with policies and procedures.**

## 3. Users were granted inappropriate access and abilities in HMS.

We reviewed HMS user access reports for each CHD using HMS for EH fees. Each CHD is authorized to set its own access controls.

- There were 252 active user accounts with the ability to process refunds, including interns, volunteers, and other users that did not have a business need.
- We identified former employees whose user account was not timely deactivated.
- We identified user accounts established by Central Office. The user did not work at the CHD. The CHD System Administrator could not view the users' account.
- DOHP 50-10.2-16, *Information Security and Privacy Policy 2, Acceptable Use and Confidentiality Agreement*, requires access to information technology resources be based on a documented need. The policy also requires the local Information Security Coordinator to regularly, but not less than annually, review and document the access privileges of their staff across all information systems to ensure access is appropriate to job responsibilities.
- DOHP 50-19-15, *Access Control of Social Security Numbers*, requires CHD Directors/Administrators conduct quarterly reviews of user access in systems that store social security numbers to ensure users are current and the user's privileges and rights are appropriate.
- There is a risk when a CHD can set its own access controls that users will be granted inappropriate access. Additionally, there is a risk when users are granted inappropriate access and refund capability, users can inappropriately access client information and process fraudulent refund transactions.

Additionally, DOHP 50-10.2-16, *Information Security and Privacy Policy 2, Acceptable Use and Confidentiality Agreement*, requires the Department workforce have unique user accounts.

- We identified a user account *Coalition, User X*. User accounts not associated with a specific employee cannot be uniquely traced for accountability purposes.

**We recommend the Office of County Health Systems ensure the Department in all counties, in collaboration with the Bureau of Clinic Management & Informatics, evaluate and update user access for all systems which store social security numbers. Subsequent to the initial evaluation, we recommend the Department in all counties conduct quarterly reviews as required in DOHP-20-19-15, Access Control of Social Security Numbers.**

**Additionally, we recommend the Office of County Health Systems ensure user accounts are unique to a specific employee and can be traced for accountability purposes.**

#### **4. Refunds were issued to an entity not documented as the original payer.**

- IOP 57-07-17, *Cash Handling*, requires refunds be made only to the original payer.
- The Department in two counties (Collier and Leon) using HMS for EH fees each processed a refund between January 1, 2017 and June 30, 2017. Both refunds were paid to an individual/entity that was not documented as the original payer in EHD.
- The payers reflected on the receipt documentation did not correspond to the individual/entity receiving the refund.
- When EHD includes the client's name and/or the client's agent, this information is automatically listed as the individual/entity the payment was received from even though the payment was received from a third party. However, some CHDs may not be aware the user can include a note documenting who the payment was received from and that it will be printed at the bottom of the receipt document.
- There is a risk that fraudulent refund requests could be processed when a refund request is received from an individual/entity not documented as the original payer.

**We recommend the Bureau of Environmental Health update EHD to allow the user to correctly document on the receipt who the fees were received from.**

**We recommend the Office of County Health Systems ensure CHDs verify the original payer and refund requester are one in the same, the verification is documented and attached to the refund documentation.**

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## SUPPLEMENTAL INFORMATION

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Section 20.055, *Florida Statutes*, charges the Department's OIG with responsibility to provide a central point for coordination of activities that promote accountability, integrity, and efficiency in government.

Ashlea K. Mincy, CIGA, Senior Management Analyst II, conducted the audit under the supervision of Mark H. Boehmer, CPA, Director of Auditing.

Our methodology included reviewing applicable law, rule, policy, and operational procedures; reviewing and evaluating a sample of EH transactions processed in HMS; comparing HMS and EHD reports; reviewing the collection and documentation of EH fee; and interviewing management and staff.

This audit was conducted in conformance with *International Standards for the Professional Practice of Internal Auditing*, issued by the Institute of Internal Auditors, as provided by Section 20.055(6)(a), *Florida Statutes*, and as recommended by Quality Standards for Audits by Offices of Inspector General (*Principles and Standards for Offices of Inspectors General*, Association of Inspectors General).

We want to thank management and staff in the Bureau of Environmental Health, CHDs, and the Bureau of Clinic Management and Informatics for the information and documentation provided, and for their cooperation throughout the project.

Copies of all final reports are available on our website at [www.floridahealth.gov](http://www.floridahealth.gov) (search: internal audit). If you have questions or comments, please contact us by the following means:

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850-245-4141

**APPENDIX A: MANAGEMENT RESPONSE**

|     | Recommendation   | Management Response  |
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| 1.1 | <p><i>We recommend the Office of County Health Systems (CHS) ensure the Department in all counties singularly use EHD for EH services, fees, and receipts.</i></p>                                       | <p>We concur.</p> <p>EHD is the mandated statewide system to be used by CHDs for all information related to EH programs, including related fees. CHDs in all counties shall singularly use EHD for EH services, fees, and receipts. Variations are not optional.</p> <p>This audit found six CHDs were not using EHD to document the collection of EH fees: Calhoun, Collier, Holmes, Liberty, Leon, and Washington. Effective May 1, 2017, Leon began using only EHD for the collection and receipt of EH fees. The Health Officers of the remaining five CHDs were advised of this deficiency and associated risks at the time of the auditor’s CHD initial site visit, and again on May 24, 2018 during the audit exit conference.</p> <p>CHS has addressed and received confirmation from the remaining five CHDs they will work toward singularly using EHD for EH services, fees, and receipts. To date, the identified CHDs have provided management with their implementation plans and anticipated go live dates for EHD. CHS will continue to monitor and provide the support necessary to ensure these CHDs move to full implementation by August 2018.</p> <p>Lastly, CHS has incorporated this audit report and findings into their presentations at the CHD Health Officer consortia meetings. CHS has already presented at the Capital and Emerald Coast Consortia meetings and anticipate presenting at the remaining consortia meetings by the end of August 2018.</p> <p><i>Contact:</i> Beth A. Paterniti, Director for County Health Systems<br/> <i>Anticipated Completion Date:</i> August 1, 2018</p> |
| 1.2 | <p><i>We recommend the Bureau of Environmental Health provide EHD training to cashiers responsible for collecting EH service fees and the cashier be granted access to record these fees in EHD.</i></p> | <p>We concur.</p> <p>The Bureau of Environmental Health agrees training on EHD is needed for the individuals collecting fees. However, the Department is in a transition period where we are looking for a new product/vendor to provide an upgraded solution to our current database. We are in the end stages of the intent to negotiate with Department procurement. We expect that database to be in place in the next 18 months. We will provide training to users, including cashiers, on how to use the new system for collecting EH service fees.</p> <p>Management accepts any remaining risk associated with the finding.</p>  |

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| <p>2</p> | <p><i>We recommend the Office of County Health Systems ensure the Department in all counties prepare receipts in accordance with IOP 56-66-17, Accounts Receivable. Additionally, we recommend unannounced periodic reviews of receipts to ensure compliance with policies and procedures.</i></p> | <p>We concur.</p> <p>EHD is the mandated statewide system to be used by CHDs for all information related to EH programs, including related fees. CHDs in all counties shall singularly use EHD for EH services, fees, and receipts. Variations are not optional. CHS further concurs with the audit finding that the proper use of the EHD will ensure all counties prepare receipts in accordance with IOP 56-66-17, <i>Accounts Receivable</i>.</p> <p>This audit found six CHDs were not using EHD to document the collection of EH fees: Calhoun, Collier, Holmes, Liberty, Leon, and Washington. Effective May 1, 2017, Leon began using only EHD for the collection and receipt of EH fees. The Health Officers of the remaining five CHDs were advised of this deficiency and associated risks at the time of the auditor's CHD initial site visit, and again on May 24, 2018 during the audit exit conference.</p> <p>CHS has addressed and received confirmation from the remaining five CHDs they will work toward singularly using EHD for EH services, fees, and receipts. To date, the identified CHDs have provided management with their implementation plans and anticipated go live dates for EHD. CHS will continue to monitor and provide the support necessary to ensure these CHDs move to full implementation by August 2018.</p> <p>Lastly, CHS has incorporated this audit report and findings into its presentations at the CHD Health Officer consortia meetings. CHS has already presented at the Capital and Emerald Coast Consortia meetings and anticipate presenting at the remaining consortia meetings by the end of August 2018.</p> <p><i>Contact:</i> Beth A. Paterniti, Director for County Health Systems<br/> <i>Anticipated Completion Date:</i> August 1, 2018</p> |
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| <p>3.1</p> | <p><i>We recommend the Office of County Health Systems ensure the Department in all counties, in collaboration with the Bureau of Clinic Management &amp; Informatics, evaluate and update user access for all systems which store social security numbers. Subsequent to the initial evaluation, we recommend the Department in all counties conduct quarterly reviews as required in DOHP-20-19-15, Access Control of Social Security Numbers.</i></p> | <p>We concur.</p> <p>DOHP 50-10.2-16, Information Security and Privacy Policy 2, <i>Acceptable Use and Confidentiality Agreement</i>, requires access to information technology resources be based on a documented need. The policy also requires the local Information Security Coordinator to regularly, but not less than annually, review and document the access privileges of their staff across all information systems to ensure access is appropriate to job responsibilities. Further, DOHP 50-19-15, <i>Access Control of Social Security Numbers</i>, requires CHD Directors/Administrators conduct quarterly reviews of user access in systems that store social security numbers to ensure users are current and the user's privileges and rights are appropriate.</p> <p>It is management's position that the Department has sufficient policies in place to govern the appropriate staff access to information technology resources. However, management recognizes there are opportunities for improvement in ensuring the review and documentation of access privileges of staff is done timely and accurately. In partnership with CHS, the Bureau of Clinic Management and Informatics has been tasked with developing an on-demand reporting tool to identify individual access profiles for all employees in HMS. This on-demand reporting tool will be made available to the CHDs for ease of routine monitoring and review of employee access at the local level. It is the goal of CHS to examine and propose compliance indicators to leadership as an accountability measure that will ensure the quarterly reviews of access is being completed pursuant to policy standards.</p> <p>CHS has scheduled a follow up meeting with the Bureau for early July 2018.</p> <p><i>Contact:</i> Beth A. Paterniti, Director for County Health Systems<br/> <i>Anticipated Completion Date:</i> August 1, 2018</p> |
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| <p>3.2</p> | <p><i>We recommend the Office of County Health Systems ensure user accounts are unique to a specific employee and can be traced for accountability purposes.</i></p> | <p>We concur.</p> <p>DOHP 50-10.2-16, Information Security and Privacy Policy 2, <i>Acceptable Use and Confidentiality Agreement</i>, requires the Department workforce have unique user accounts that are specific to one employee and can be traced for accountability purposes.</p> <p>CHS consulted with the Bureau of Clinic Management &amp; Informatics that confirmed the User Account Access structure in HMS is already designed to be unique and traceable for each registered user. Coalition User X was an account established and managed by the Office of information Technology to assist with data exchange. This account was necessary to support the Department's transition away from HMS as the primary data system capturing Health Start services to a new system managed by the Healthy Start Coalitions. This account was never intended to be tied to an employee and is no longer active.</p> <p>CHS has scheduled a follow up meeting with the Bureau of Clinic Management &amp; Informatics for early July 2018 and will ensure the account has been deleted.</p> <p><i>Contact:</i> Beth A. Paterniti, Director for County Health Systems<br/> <i>Anticipated Completion Date:</i> August 1, 2018</p> |
| <p>4.1</p> | <p><i>We recommend the Bureau of Environmental Health update EHD to allow the user to correctly document on the receipt who the fees were received from.</i></p>     | <p>We concur.</p> <p>The Bureau of Environmental Health believes this was an artifact of not using the EHD database for those transactions but rather HMS. The Department is in a transition period where we are looking for a new product/vendor to provide an upgraded solution to our current database. We are in the end stages of the intent to negotiate with Department procurement. We expect that database to be in place in the next 18 months. We will provide training to users to use one system for collection of EH fees.</p> <p>Management accepts any remaining risk associated with the finding.</p>  |

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| <p>4.2</p> | <p><i>We recommend the Office of County Health Systems ensure CHDs verify the original payer and refund requester are one in the same, the verification is documented and attached to the refund documentation.</i></p> | <p>We concur.</p> <p>EHD is the mandated statewide system to be used by CHDs for all information related to EH programs, including related fees. CHDs in all counties shall singularly use the EHD for EH services, fees, and receipts. Variations are not optional. CHS further concurs with the audit finding that the proper use of the EHD will ensure that all counties capture pertinent information to properly issue refunds in accordance with IOP 57-07-17, <i>Cash Handling</i>.</p> <p>This audit found six CHDs were not using EHD to document the collection of EH fees: Calhoun, Collier, Holmes, Liberty, Leon, and Washington. Effective May 1, 2017, Leon began using only EHD for the collection and receipt of EH fees. The Health Officers of the remaining five CHDs were advised of this deficiency and associated risks at the time of the auditor's CHD initial site visit, and again on May 24, 2018 during the audit exit conference.</p> <p>CHS has addressed and received confirmation from the remaining five CHDs they will work toward singularly using EHD for EH services, fees, and receipts. To date, the identified CHDs have provided management with their implementation plans and anticipated go live dates for EHD. CHS will continue to monitor and provide the support necessary to ensure these CHDs move to full implementation by August 2018.</p> <p>Lastly, CHS has incorporated this audit report and findings into its presentations at the CHD Health Officer consortia meetings. CHS has already presented at the Capital and Emerald Coast Consortia meetings and anticipate presenting at the remaining consortia meetings by the end of August 2018.</p> <p><i>Contact:</i> Beth A. Paterniti, Director for County Health Systems<br/> <i>Anticipated Completion Date:</i> August 1, 2018</p> |
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